

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

27496

7590

04/16/2008

PILLSBURY WINTHROP SHAW PITTMAN LLP
 P.O. BOX 10500
 McLean, VA 22102



Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

| | |
|----------------------|--------------------|
| Carolyn S. Lu | (Depositor's name) |
| <i>Carolyn S. Lu</i> | (Signature) |
| 7/16/08 | (Date) |

| | | | | |
|-----------------|-------------|------------------|---------------------|------------------|
| APPLICATION NO. | FILING DATE | INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 10/824,815 | 04/15/2004 | Swec Chieu Chong | 46623-0300442 | 6678 |

TITLE OF INVENTION: SAFETY ARTERIOVENOUS FISTULA NEEDLE

07/17/2008 46623-0300442 00000001 033975 10824815

01 FC:1501 1440.00 DA
 02 FC:1504 300.00 DA
 03 FC:8001 30.00 DA

| | | | | | | |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1440 | \$300 | \$0 | \$1740 | 07/16/2008 |

| | | |
|-----------------|----------|----------------|
| EXAMINER | ART UNIT | CLASS-SUBCLASS |
| GRAY, PHILLIP A | 3767 | 604-174000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Pillsbury Winthrop Sha
 Pittman LLP
 2
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 5.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

JMS NORTH AMERICA CORPORATION

Hayward, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 10

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 033975 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Carolyn S. Lu

Date

7/16/08

Typed or printed name

Registration No.

56,817

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



Attorney's Docket 046623-0300442
Client Reference:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of:
SWEE CHEAU CHONG, ET AL.

Confirmation No: 6678

Application No.: 10/824,815

Group Art Unit: 3767

Filed: April 15, 2004

Examiner: PHILLIP A. GRAY

Title: SAFETY ARTERIOVENOUS FISTULA NEEDLE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**CERTIFICATION OF FACSIMILE TRANSMISSION
UNDER 37 C.F.R. §1.8**

I hereby certify that the following papers are being facsimile transmitted
to the Patent and Trademark Office at (571) 273-2885 on the date shown below:

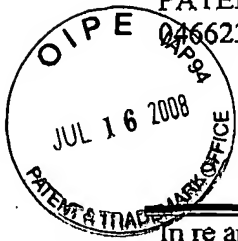
1. Issue Fee Transmittal
2. Form PTOL-85B

PILLSBURY WINTHROP SHAW PITTMAN LLP

CAROLYN S. LU
Reg. No. 56817

Date: July 16, 2008
725 South Figueroa Street
Suite 2800
Los Angeles, CA 90017-5406
Telephone: (213) 488-7100
Facsimile: (213) 629-1033

(Certification of Facsimile Transmission—page 1)



PATENT
046623-0300442

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Swee Cheau CHONG, et al.

Serial No.: 10/824,815

Filed: April 15, 2004

For: SAFETY ARTERIOVENOUS FISTULA NEEDLE

Confirmation No.: 6678

Art Unit: 3767

Date of Notice of Allowance:
April 16, 2008

I hereby certify that this correspondence together with its enclosures and attachments are being facsimile transmitted to: (571)273-2885, MAIL STOP ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on July 16, 2008.

By: _____

Carolyn S. Lu, Reg. No. 56,817

TRANSMITTAL OF ISSUE FEE

MAIL STOP ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Notice of Allowance dated April 16, 2008 for the above-referenced application, enclosed is Form PTOL 85 - Issue Fee Transmittal Part B.

The Commissioner is hereby authorized to charge Deposit Account No. 033975 of the following fees:

- a) Issue Fee in the amount of \$1,440.00 (fee code 1501)
- b) Publication Fee in the amount of \$300.00 (fee code 1504)
- c) Fee for advance order of 10 soft copies in the amount of \$30.00 (fee code 8001)


PATENT
046623-0300442

The Commissioner is further authorized to charge any deficiency in payment or credit
any overpayment to the aforementioned account number. A copy of this Transmittal is enclosed.

Respectfully submitted,
PILLSBURY WINTHROP SHAW PITTMAN LLP

Dated: July 16, 2008

By: _____


Carolyn S. Lu
Registration No. 56,817
Attorney for Applicant(s)

725 South Figueroa Street, Suite 2800
Los Angeles, CA 90017-5406
Telephone: (213) 488-7100
Facsimile: (213) 629-1033